

SERIAL NUMBER 09/458,905	FILING DATE 12/10/99	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. X-12448
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APPLICANT

CHARLES JACK FISHER, CARMEL, IN; SAU-CHI BETTY YAN, INDIANAPOLIS, IN.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED PROVISIONAL APPLICATION NO. 60/111,770 12/10/98 ✓  
mmr

  

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*** *None*  
 VERIFIED  
mmr

  
  
  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\*** *None*  
 VERIFIED  
mmr

  
  
  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/27/00

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>mmr</u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Initials</span> <span>Initials</span> </div>	STATE OR COUNTRY IN	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
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ADDRESS

ELI LILLY AND COMPANY  
 PATENT DIVISION/BPB  
 LILLY CORPORATE CENTER  
 INDIANAPOLIS IN 46285

  

TITLE

METHOD OF TREATING THROMBOCYTOPENIC PURPURA AND HEMOLYTIC UREMIC SYNDROME

  

FILING FEE RECEIVED  \$838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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